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CAMPUS MAIL

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Chancellor Gives Facts on Prop. 9

Dear Members of the Campus Community:

I would like to bring to your attention some of the facts about Proposition 9 and how it may affect the University and our communities.

My information is based on early estimates of the financial impact of the loss of state revenue.

There are three points we should keep in mind:

(1) Proposition 13 was a delayed time bomb; we will only begin to see the true effects of it after the state surplus is used up, and counties and local governments face their commitments without extra funds from Sacramento. It is the combined effect of the loss of revenues from Proposition 9 plus Proposition 13, coming together, that really is going to hurt.

Even with extra aid out of the accumulated state surplus, local governments this past year have had to make cuts, or charge fees, that have had a serious impact on our public schools, mental health programs, public transportation (the MUNI fare increase), libraries, parks, and other human services. And as some of us at UCSF know, budget cuts proposed in the past for SF General Hospital would make it difficult, if not impossible, to continue to give quality care.

(2) There seems little doubt that the University and the college systems will have to charge tuition. This, added to already sizeable fees and living costs, would make it difficult for many young people from middle income, not to mention poor, homes to get the benefits of higher education and professional training. At this writing, President Saxon is talking about possible tuition fees from $1,350 to $1,550 for UC general campuses, and $2,350 to $3,550 for our health sciences students.

(3) Health care for the poor and for many segments of the middle class — particularly the elderly and others living on fixed incomes — would suffer, if the effects of Proposition 9 and Proposition 13 together force us to charge fees, curtail services, and cut back programs in university and county hospitals, and in the community hospitals as well.

One statement by Assemblyman Rodda in his review of the possible effects of Proposition 9 stands out in my mind. He says, "These data indicate that if all state employees whose services were financed from the State's General Fund were fired, and the universities, state colleges, prisons, mental hospitals, etc., were closed, the expenditure savings (about $4 billion) would not be sufficient to offset the revenue loss from Jarvis II."

In light of all this, I hope you will consider taking appropriate action with regard to informing your family and friends of the likely consequences of the passage of Proposition 9 on the State of California.

Francis A. Sooy, MD
Chancellor

Prop. 9 Seminars

A series of six educational seminars on Proposition 9 (Jarvis II), explaining what's in it and what it could mean to the University, the community, and to you as an individual, will be held in Cole Hall, Wednesday, April 30, and Friday, May 2, three sessions each day: 7:30 to 8:30 a.m., noon to 1 p.m., and 4 to 5 p.m.

All six sessions will present the same program: a representative from "Citizens for California" describing Proposition 9; followed by representatives from the Academic Senate, a student from the California Council for Student Educational Needs, and campus administration, speaking on the probable effects of Proposition 9.

There will be an opportunity to ask questions.

All students, staff, and faculty are invited to attend; no fee will be charged.

In addition, UCSF Continuing Education in Health Sciences is sponsoring an off-campus, one-day educational symposium for the public on "Proposition 9 and the Health of Californians," Saturday, April 26, at the Fort Mason Conference Center, Building A. Speakers will include, among others, Assemblyman Willie Brown, Jr.; Les Kelting, statewide coordinator for the passage of Proposition 9; Rollin Post, political reporter for KRON-TV, Channel 4; Beverlee Myers, director, State Department of Health Services; Maureen Fitzgerald, writer for the *California Journal*; and A. Alan Post, former California legislative analyst. Fee will be $15, including box lunch.

For further information on both sessions call ext. 3904.

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Nurses Recall Tragic Mission

In the Kaho I Dang camp for Cambodian refugees in Thailand, the medical teams had no laboratory or blood storage facilities to work with, water was brought in buckets, the operating room was in a plastic tent, and "I never saw a washcloth," Kathy Duffy said.

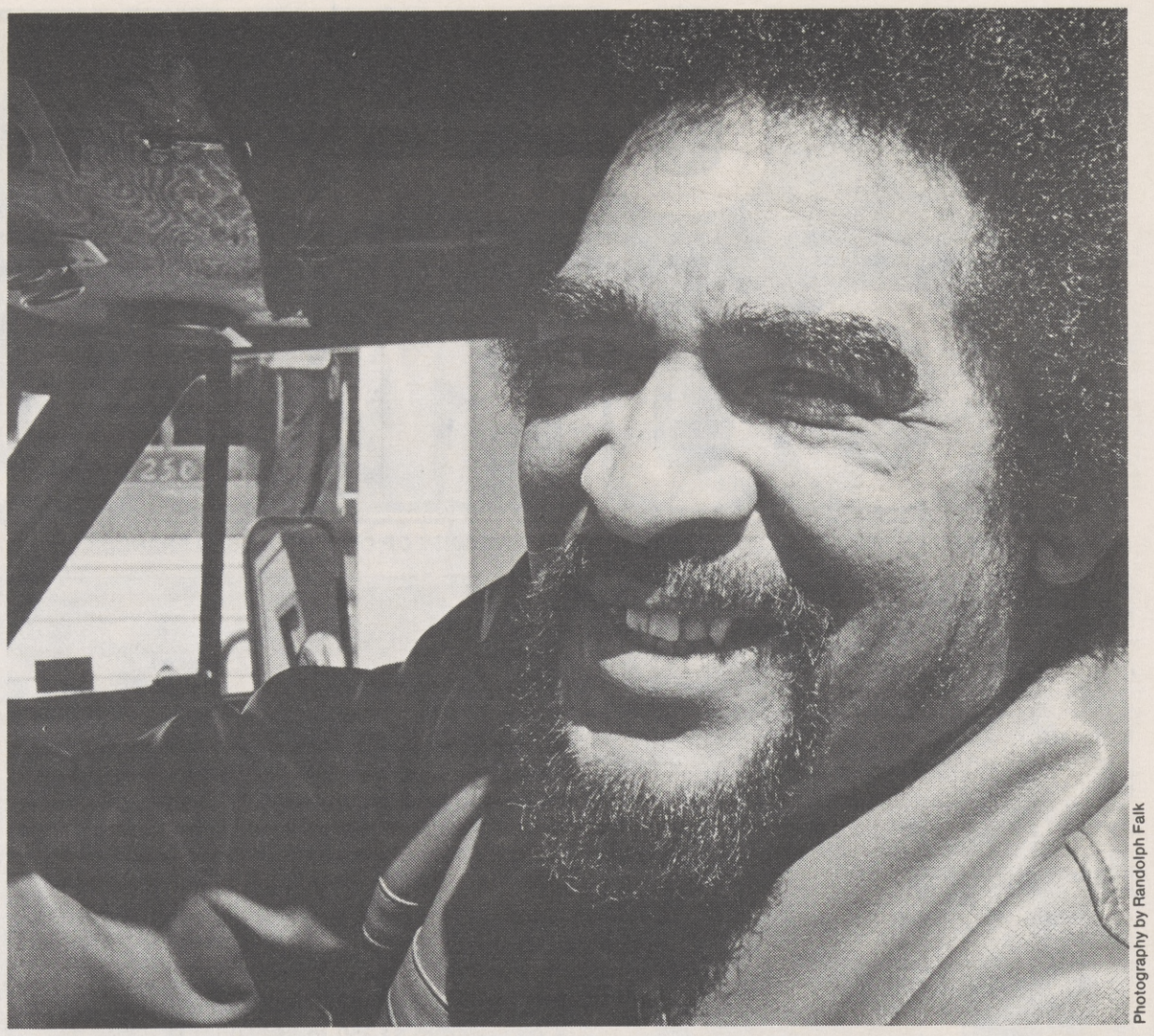
"When a child died, we could put the parents and the baby in a quiet area. They sat with the baby until the sun came up, when we took the baby to the death tent. . . . The bodies were wrapped and left there until someone took them to a mass grave.

"We gave the family a bucket to cook with, and a blanket. That's all

(Continued on p. 5)

Mary McCutcheon with mother and child in Thailand field hospital. (Courtesy San Francisco Examiner.)

The Best of Medical Care – And a Patient Who Never Gave Up



Photography by Randolph Falk

Charles Ryan, formerly a long-distance truck driver, seated in a van much like the one that nearly cost him his life.

Charles Ryan's right kidney lay in the wreckage of his pelvis. All around it was disaster: a ruptured bladder, torn urethra, pelvic fractures in half a dozen places.

UCSF surgeons explored the area and found the kidney — intact, capable of functioning. All the more wonder because it was the only one Ryan has: a transplant, given him six years earlier.

This meant that the 40-year-old Oakland man had a chance to live, although a very slight chance at that. The massive injuries in his pelvic area were only part of what happened to him when his van rolled over and smashed on Highway 5 near Fresno last May 5. Almost all of his ribs were broken; there were multiple fractures of the lumbar spine and lower right leg, and a dislocation of the right hip. This was a special kind of dislocation, since the hip is artificial.

There is more. Since 1972 Ryan has had a course of kidney dialysis, a kidney transplant, two total hip replacements and two shoulder replacements, a diabetes-like episode with blurred vision, and a dog bite that sent him to the hospital for two weeks.

Doggedly, he keeps living his life, looking for a job. He prefers his regular occupation — long-distance truck driver — to existence on Social Security plus supplementary forms of welfare. He would like to be able to support his family again, and that's a big job, too. He and his wife have five children, one retarded.

No soap-opera script writer would touch this story. Yet Ryan tells about it matter-of-factly, even cheerfully.

It is a story of medical care of the highest sort, especially in the fields of nephrology and surgery, including many weeks of skillful and dedicated nursing care and physical therapy.

The other plus, according to Dr. William J. C. Amend of the UCSF kidney service, Ryan's physician, was "the patient's will."

Ryan just never gave up.

Almost from the beginning, this has been a UCSF story.

The prologue was in 1972, when the San Francisco-born Ryan and his wife, Doris, were en route by train from Jersey City to establish a new home in Oakland.

"I was sick all the way out," he said. "I was throwing up, couldn't keep anything down. I had muscle cramps — I was all curled up, couldn't move. . . . Blood tests at Highland Hospital showed that my kidneys were gone."

A shunt was put into his arm, and he was given emergency dialysis at Highland. Then he became a regular dialysis patient at Presbyterian Hospital-Pacific Medical Center, San Francisco, while he waited for a kidney to become available for transplant.

The transplant operation was done in 1973 by Dr. Oscar Salvatierra, head of the UCSF Kidney Transplant Services. The kidney's history, incidentally, is a thought-provoking one. It survived one traffic accident, in which its previous owner was killed, and made it through the transplant itself, only to go through Ryan's smashup, also unscathed.

"After the transplant I did pretty good," Ryan said. "But later I got up one midnight, terribly thirsty. I drank a gallon of milk, a gallon of water, and a gallon of apple juice . . . I came back to UCSF, and they said my sugar was up, they thought from the prednisone."

(Prednisone is the drug usually given transplant patients to suppress their bodies' immune reactions; that is, to prevent the body from treating the kidney like a foreign object and rejecting it. Rejection does sometimes happen in transplants, but less often now with the improved accuracy of tissue-type cross-matching.)

The diabetes-like condition continued for about six months, during which time Ryan was given insulin.

It finally disappeared, but meantime deterioration was noted in his joints. This side effect, Amend said, is probably the result of a combination of factors: the use of prednisone, plus the effects of the original kidney failure and of dialysis. Under these conditions the levels of calcium in the body can be lowered; this in turn stimulates the parathyroid gland to rob Peter to pay Paul, so to speak. It brings about the withdrawal of calcium in the bones to replenish the lowered supply in the blood; thus the bones suffer.

The result can be what Amend described as "aseptic necrosis," that is, death of tissue without the presence of infection. The moving surfaces within the joints can become corroded or roughened, so that they grate against each other. The result is pain.

Dr. William Murray, chairman and professor of orthopaedic surgery, performed the replacements, both hips in 1976 and the left shoulder in 1977.

"All that was successful," Ryan said. He was doing well, except for his inability to return to his old, well-paid work. "One company doctor looked at my arms and asked me if I was on dope — he saw all the needle marks. When those companies see that you're on dialysis or have a transplant, right away, they flunk you."

And then: the new disaster.

"I was on my way to Fresno in my van. A tire blew out on me . . . I turned the van over about 10 times."

A sheriff's helicopter took Ryan to Doctors Hospital in Modesto, where his condition was stabilized. Then he was sent to UCSF; the helicopter landed in the parking lot beside Kezar Stadium, and an ambulance brought him to the UCSF emergency room.

The repairs were done that same day. Salvatierra worked on the ruptured kidney and urethra, while Murray set the bones and realigned the dislocated hip.

When Ryan's abdomen was opened, Amend said, "The transplant was sitting there, without a contusion on it," although almost all of its neighboring structures were damaged.

Putting the man back together was a heroic task indeed — but that was only the start. Soon blood poisoning developed, general throughout Ryan's system; Amend suggests it might have been caused by organisms in the urine that leaked through the bladder rupture into the abdomen.

Any infection in a kidney transplant patient can be serious, since the body's antibody defenses have been suppressed to protect the kidney. Antibiotics were given Ryan intravenously for three weeks, "very carefully," Amend said, "so that no harm would come to the kidney."

The second-hand organ proved again its sturdiness; it survived this siege as well. Yet there were still more hurdles:

"All this time Ryan was in traction, with pins in his lower legs, just lying there stretched out being fed intravenously, and getting antibiotics intravenously. . . . After four weeks the problem was nutrition; he had lost a lot of weight. He was fed by hyperalimentation," said Amend.

This is a sophisticated process whereby a sort of "soup," very high in calories and food value, is introduced directly into the system through a tube entering an incision in the stomach.

Then it was "bit, by bit, by bit . . . " Amend said. "There was incredible hard work by the nurses and physical therapists. Ryan was so weakened, had been on his back for so long, that he was like a spaceman coming back from space. If you were to get him up on his feet, he would faint . . . he was not ready for gravity."

For this, a tilt table is used; the patient lies on a slant, with his head somewhat higher than his feet, to accustom him gradually to the change from the horizontal to the vertical. A close watch is kept on the heart and blood pressure during the process, in which the angle of the slant is increased gradually, until the patient finally is able to sit up.

Then, "in spite of a lot of very good nursing care," said Amend, "Ryan developed bed sores.

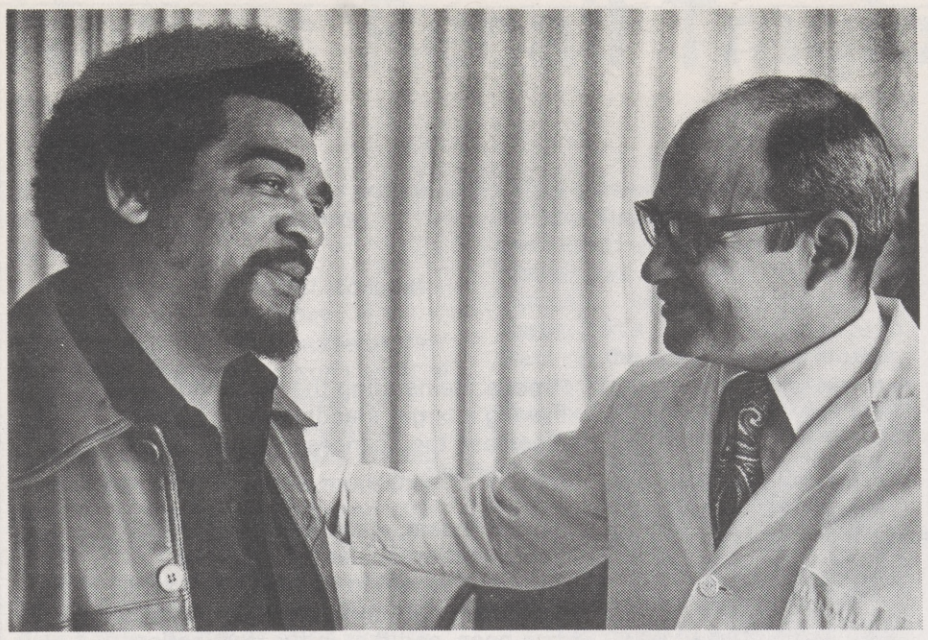
"But through it all, his kidney remained as good as it had been before, functioning perfectly."

A lot of physician skill was involved in the repair of Charles Ryan, but, Amend said, "After the first three weeks or so, it was nursing and physical therapy, not so much the doctors. And, of course, the patient's will."

Today Ryan is concerned for his family; he would like to be able to provide for his wife and children as he did before all this happened to him. But in the face of all his disasters, he can still say:

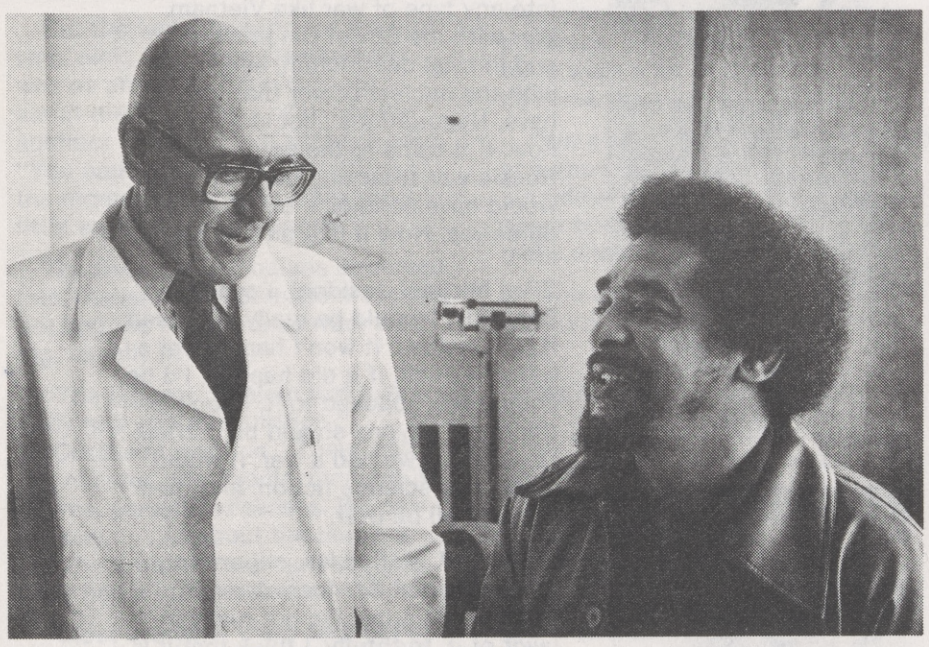
"I'm a pretty lucky guy."

— Jane Eshleman Conant

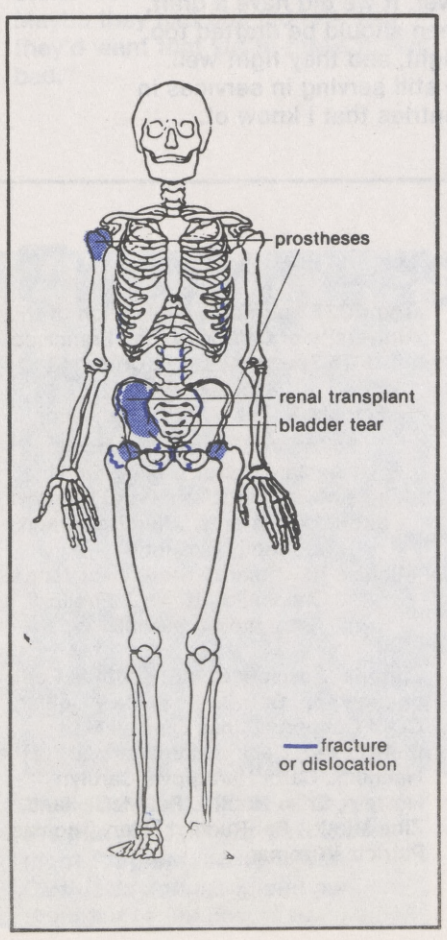


Dr. Salvatierra performed Ryan's kidney transplant operation.

Ryan confers with Dr. Amend, Gloria Horns, RN (l), and Clinical Social Worker Lilli Bradin.



Dr. Murray replaced Ryan's hips and shoulder.



The blue lines inside the skeletal frame show the injuries suffered by Ryan close to the unharmed transplanted kidney.

Disaster Drill Friday, April 18

UCSF will participate in the statewide earthquake disaster exercise planned for Friday, April 18 (anniversary of the 1906 quake and fire). The exercise will generate excitement and some degree of disruption in the normal use of facilities; it is, however, a serious and carefully planned drill designed to show employees what to do in the event of a major disaster.

The plan calls for National Guard troops and helicopters to bring additional medical personnel to Golden Gate Park. All hospitals in San Francisco will be participating.

At UCSF, the drill, under the direction of John Conte, MD, Emergency Room director, will begin when the hospital director's office is informed that "an earthquake of 8.3 (Richter) magnitude" has hit the San Francisco area, causing massive casualties and damage. Approximately 250 moulaged victims, made up of employee and community volunteers, will be sent to the primary triage site in the lobby of the Medical Sciences building. Psychiatric, critical care, expectant, holding, and morgue areas will be set up in various hospital locations.

In the midst of the triaging, a "gas explosion and fire" will occur somewhere in the Ambulatory Care Center. More people will be seriously injured. Employees and volunteer community residents should report to the Millberry Union cafeteria area to form the personnel pool that will respond to emergency manpower requests.

All employees who can be excused from duty are urged to participate and should contact their supervisors to make arrangements and make certain they can be spared.

For more information on the disaster exercise, call Hiroshi Tokubo, disaster exercise coordinator, at ext. 4021.

Heart Lab Dedicated

A major effort to understand the basic mechanism of coronary artery heart disease and thereby prevent or retard the onset of heart attacks — still the leading cause of death in this country — has been launched by The J. David Gladstone Foundation Laboratories of Cardiovascular Disease, in collaboration with UC-San Francisco and San Francisco General Hospital Medical Center.

The announcement of the new Gladstone Laboratories, established through provisions of the estate of the late Los Angeles businessman, J. David Gladstone, was made at a dedication ceremony this spring by the Trustees of the Gladstone Foundation; Roger Boas, S.F. Chief Administrative Officer; Mayor Dianne Feinstein; Mervyn F. Silverman, MD, MPH, director of Health for San Francisco; and Julius R. Krevans, MD, dean of the UCSF School of Medicine.

The dedication program at SFGH was followed by a scientific symposium, "Atherosclerotic Heart Disease: Concepts From Cell Biology," featuring three distinguished speakers: Christian deDuve, MD, Nobel laureate and professor of biochemical cytology at Rockefeller University; Joseph L. Goldstein, MD, chairman of the Molecular Genetics Department at the University of Texas, Dallas; and Robert W. Mahley, MD, PhD, director of the Gladstone Foundation Laboratories and UCSF professor of pathology.

For the past three years Mahley has been director of research at the Comparative Atherosclerosis and Arterial Metabolism Section of the National Heart, Lung and Blood Institute (NIH). He will have under his leadership a core group of the country's leading scientists and clinicians studying the sequence of events that leads to the deposition of cholesterol in the wall of certain blood vessels, such as the coronary arteries, thereby blocking blood flow to vital organs. This is commonly referred to as "atherosclerosis."

Particular emphasis will be placed on the role of dietary fat and cholesterol in the development of this condition, according to Mahley.

Another major research emphasis will be the study of blood coagulation and blood clot formation, since the buildup of a blood clot — called a thrombus — in association with atherosclerosis often is involved in fatalities associated with heart disease, he said.

The program will work with a clinic to be established at SFGH for patients with high plasma lipids, and it will use the nine-bed, NIH-supported UCSF Clinical Research Center at SFGH for metabolic studies, Mahley noted.

The research and teaching at the Gladstone Laboratories at SFGH will be closely integrated with work at UCSF's famed Cardiovascular Research Institute (CVRI), according to Dean Krevans. "Together, these two facilities can make the city of San Francisco the world's foremost center for research in atherosclerosis," he said.

Krevans expressed appreciation to the trustees of the Gladstone Foundation — Richard S. Brawerman, Richard D. Jones, and David Orgell, all of Los Angeles — for their efforts in making the new Gladstone Foundation Laboratories a reality. He also thanked Dr. Silverman and Roger Boas for their generous assistance and support in making the program possible.

By agreement with the City and County of San Francisco, which owns and administers San Francisco General Hospital through the Department of Public Health, the Gladstone Foundation Laboratories will occupy two newly renovated floors in one of the former patient wings of the old SFGH. Two additional floors will be available to accommodate research program expansion.

The senior scientists, who will serve with Dr. Mahley on the initial staff of the Gladstone Foundation Laboratories, include Karl H. Weisgraber, PhD, lipoprotein biochemist; Thomas L. Innerarity, PhD, cell biologist; Thomas P. Bersot, MD, PhD, clinical scientist; and Robert E. Pitas, PhD, lipid chemist, all from NIH. In addition, Stanley C. Rall, PhD, UCSF protein chemist, will join the group.

These scientists, assisted by approximately 20 research support personnel, will hold faculty positions at the Cardiovascular Research Institute and will contribute to the educational program of the University, especially to the training of young scientists.

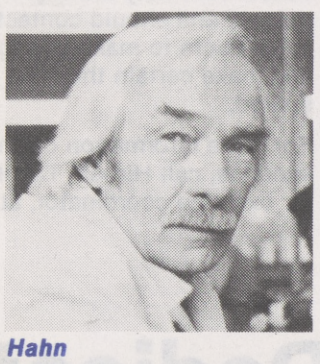
?Man

These interviews are conducted by Allen Balderson

Are you for the draft?

Meyer

Nana Meyer, unit secretary, Coronary Care Unit: When I was in college, I was against the draft, but right now I'm just not sure. I think Carter reinstituted signing up for it because he is running for President, and banking on looking like a get-tough liberal, making an unpopular decision. If the draft is reinstated, women should be drafted as well. I sort of feel that it will be the first step toward women being viewed as equals.

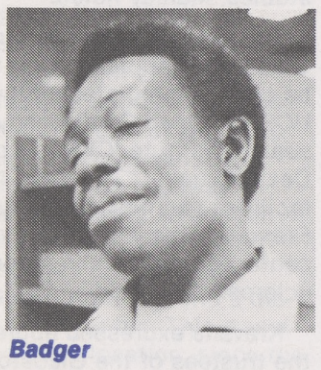


Hahn

Harold Hahn, principal contractor inspector, Office of Design and Construction: The registration of manpower is necessary, but not necessarily a draft. In the event of a national emergency, which may or may not happen, a lot of time is lost to develop a registration. We should always be prepared. An army available on a voluntary basis is all that is needed during peacetime. I think that it should be fairer to the young people, though. Drafting a boy in the prime of his youth is bad news. It could destroy his whole life. Maybe a better age would be 23-30.

Stewart

Dolores Stewart, administrative assistant, Chancellor's Office: The first impression I got when I heard the draft thing, I thought of Vietnam, and any other war — killing, killing, and it never stops. I'm against war. I believe in a volunteer army. They shouldn't be made to go to a place from which they may never come back. I mean, 19 and 20, that's young.



Badger

Ernest Badger, senior custodian, Physical Plant, Building Services Division: I don't care really, one way or the other. I'm not going to go because I'm over-age. I'll just stay home and take care of the young girls. I'll make babies for the next war. If they do draft men, then I think that women should go too, because they feel as though they are equal to men now. They get the same pay, do the same type of work, maybe they should go out there and fight, too.

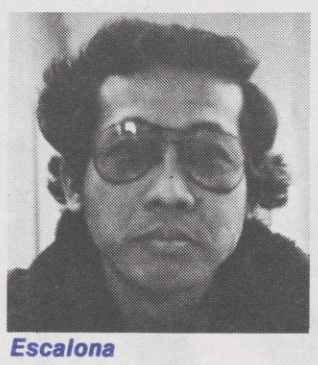
Donoghue

Dan Donoghue, postdoctoral fellow, Anatomy: The draft should be reinstated if it includes women, and requires some sort of mandatory national service for everyone within a certain age group. I don't think there should be student deferments or privileged groups. America doesn't have a lot of conventional standing

Byram

troops. Reinstating the draft and having a larger standing army would decrease the chances of having a nuclear war.

Muriel Byram, administrative assistant, Cardiovascular Research Institute: The caring for youth is a very important part in my life, and always has been, and that is the dominating thought. I don't like to see young peoples' lives wasted. However, to be realistic, it seems like a war-like world, and I need to think about that reality and how it is best handled. If reinstating the draft is a form of saber-rattling, then perhaps it is worth doing. But if we really got to the place where we say, we want the draft reinstated, then I would have to think very hard about it.



Escalona

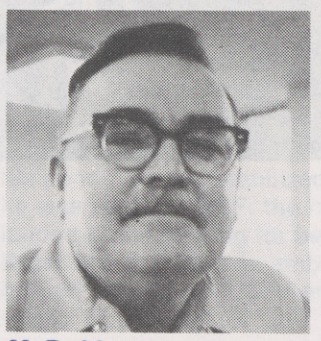
Mario Escalona, mail processor, Mailing Division: I'm too old to be drafted anymore. Drafting young men for the military is not really warranted. It is not necessary. If they did reinstate it, with women's lib and all, I guess women should go too, if they wanted to. They're not really fit for combat. They can help in the Red Cross or office work or something like that.

Pryor

Ruth Shelton Pryor, second-year student, School of Medicine: I don't think they should reinstate the draft. Hopefully, we won't have to go back into any type of war like Vietnam. War with the Soviet Union would end in total destruction, especially with the nuclear power that they have. Negotiations should go on now. If it came to the point where Russia was attacking us, then we would have no choice but to defend ourselves. Now it is a bit premature.

Michael

Ellen Michael, resident, Psychiatry: Basically, I would be really surprised if it happened. It won't happen for a while, if at all. If it did happen, I'd be completely opposed to it. I don't think that anyone should be drafted. I'm afraid if we had a war, it would all be very science fiction, and then it would all be over.



McFadden

Howard W. McFadden, supervisor, Environmental Services: After 20 years in the army, I'm not really in favor of it, truthfully. I think that it is time to forget it. Diplomacy is the only answer. If we did have a draft, then women should be drafted too. Women fight, and they fight well. Some are still serving in services in other countries that I know of.

Geiger Portrait

An oil portrait of Jacob C. Geiger, MD, UCSF clinical professor emeritus of epidemiology and microbiology, along with his academic cap and gown, has been donated to the University.

Geiger, 93, who is internationally acclaimed for his contributions to public health and has been decorated by many foreign governments, made the contribution. He served as director of Public Health for the City and County of San Francisco from 1931 to 1952 and as health officer for the City of Oakland from 1952 to 1955.

The portrait of Geiger, painted by Margaret Paul Smith, shows him in evening dress.

LPPI Friends Receive Donation

Don Lorenzo

Mabel Schine, president of Friends of LPPI, presents check to Dr. Robert Wallerstein, LPPI director.

A private gift of stock worth $82,730 has been given to the Friends of Langley Porter and will be used for several priority needs of the institute, including renovation of the shelled space in the third-floor research area, which will house the Center for the Study of Neuroses. A mini-bus will be purchased to take patients and staff on community outings. The gift will also provide back-up funds for the renovation of the children's playground, if sufficient funds are not forthcoming from other sources. The donor prefers not to be publicly acknowledged at this time.

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Nurses Recall Tragic Cambodian Mission

(Continued from p. 1)

they had. They went out and built a hut . . . they just started living again."

Duffy, RN in the Moffitt Hospital emergency room, and Mary McCutcheon, RN, head nurse at the School of Pharmacy poison center at San Francisco General Hospital, were telling about their month of service in the internationally staffed rescue camp that housed more than 100,000 destitute, starving, and sick refugees from war-torn Cambodia.

They were in Thailand, but only about eight miles from the Cambodian border, and they often went to sleep at night to the sound of guns.

"We could hear mortars," McCutcheon said. "I would say, 'What was that!' and Kathy would tell me, 'It's a car backfiring. . . .' "

They came home feeling they had learned great lessons from the small, patient, brave, and beautiful people they cared for, but they were bewildered by the cruelty that had torn apart the lives of so many.

"Now I have even less of an understanding of why it all happened and why it continues to happen," McCutcheon said.

"Their lives must be a madness," Duffy said.

"You learn so much from other people," McCutcheon added. "The strength that people have in the face of the worst kind of life that anyone could have . . . the inner strength that makes them go on.

"I don't know how those people survived."

But the task of caring for the starving, sick, and dying Cambodians was so pressing, "You thought about the immediacy of it, not the abstract tragedy," McCutcheon said. "You had to deal with everything at the moment — how to make life a little easier for these people."

The fleeing Cambodians streamed into Thailand with perhaps a cooking pot and the clothes they were wearing, usually in rags.

"The biggest problem that everybody had was malnutrition," McCutcheon went on. "There was TB, malaria, pneumonia, meningitis, worms, parasitic diseases. We saw leprosy. . . . At about the time we left there was an outbreak of polio. They had a lot of measles.

"Most everyone there had lost at least one of their family members, either from murder or starvation. Maybe they had one kid left, and they'd want that kid to make it, real bad."

The nurses remember one 12-year-old boy, Tim Dy, whose father had been killed in Cambodia and whose mother was still there. "He came on a truck . . . he had a severe lung abscess. We put in a chest tube to drain off the pus. Then his brother, maybe 15, came and found him. They built a hut together, and they just lived and waited."

"We had a sister and brother, orphans," Duffy said. "There were many orphans in our ward. She came in carried on his back; she probably had tuberculosis of the spine.

"They clung to each other; they were so terrified of losing each other. He was burning, probably a 105-degree fever, but he carried her anyway. She had to be transported to Bangkok for special care, and he went too. You couldn't separate the families — you had to let them keep whatever structure they had left. We would keep the whole family in the ward. . . . A family of five would sleep on two cots pushed together."

The Cambodians accepted death with fortitude, she said.

"They were basically quiet about tragedy. It had happened to them so many times. They are Buddhists, who are not afraid of death. They grieved, but they were trying to comfort us by telling us the baby was going on to a new life, a happier life."

The work never ended.

"We started IV lines for fluid replacement," Duffy said. "We cared for wounds, and for skin that broke down from malnutrition. We gave medicines, fed infants. Newborns, preemies, need constant care . . . there were a lot of preemies because the mothers had malaria.

"We would see how someone with pneumonia was doing, take babies outside to pass their worms. We spent hours crushing tablets to make vitamin solutions for infants.

"The dead, we wrapped in blankets and stacked in the death tent. . . ."

McCutcheon added:

"It seemed as though we were having a lot of deaths, maybe four a day in our tent. People would die of infection, sometimes postpartum. There were routine diseases, abdominal wounds from shrapnel; most deaths were from malnutrition and malaria."

To treat those near death from starvation, too weak to sit up and swallow, the nurses would "put a tube down the throat from the nose for liquid medicine."

Kathy Duffy (l) and Mary McCutcheon (r) respond to emergencies 15 to 16 hours a day. (Courtesy San Francisco Examiner.)

"It's a slow process," McCutcheon said. "Starvation takes a long time. You can't turn it around quickly."

Their living conditions, by Western standards, were atrocious.

"The latrines were open trenches," McCutcheon said. "You just squatted down over them. They would lime them, sometimes, but they didn't have much lime.

"To take a bath, you stand outside and pour a bucket of water over your head. . . .

"We would work 12 to 15 hours a day, then it was an hour's drive to our house."

The house was an open wooden structure, with "chickens, bats, lizards, scorpions, surrounded by rice paddies, banana trees. . . . We had a papaya tree in the front yard.

"We slept on thin foam mats on the floor under mosquito netting. We had lots of bites, not serious, although once I stuck my hand in a bag to take out some charcoal for the fire, and there was a scorpion there. Once there was one in the toilet.

"You're so tired you can sleep anywhere. . . ."

They ate "a lot of rice," the staple of the Cambodian and Thai people, and did their own cooking over charcoal, often chicken and vegetables. Sometimes they went to the little local restaurants in the nearby town of Aranyaprathet for the local Thai food, "very hot — rice and vegetables."

Duffy and McCutcheon were in a group of San Francisco Bay Area volunteers who joined the Thai effort under auspices of the New York-based International Rescue Committee, one of a number of agencies involved in the international project, including the International Committee for the Red Cross, the United Nations, CARE, German and French volunteer agencies, Catholic Relief, Food for the Hungry, and the U.S. Communicable Disease Center at Atlanta.

They will go back.

"Once you go, you've got to go back," Duffy said.

"It was a great opportunity for us to feel there was something we could do. The reward that we got just for being able to do it . . . I feel proud that I was able to go."

— Jane Eshleman Conant

Employees Assess Their Management Skills

Paul Kolsanoff

Rich Van Horn, UCSF assessor for the Middle Management Assessment Program, confers with Claudette Johnson, who participated in the program.

A new program on campus helps managers, or employees who think they'd like to become managers, assess their skills for the position. It's called the "Middle Management Assessment Program" (M-MAP) and was designed for minority and women participants. M-MAP is administered at UCSF by the Training and Development and Affirmative Action offices.

The pilot M-MAP, held in December at Mills College in Oakland, was attended by five UCSF employees: Patricia Bogue, administrative assistant, General Dentistry; Joyce Morias, management services officer, School of Nursing Mental Health and Community Nursing Department; Michael Davis, management services officer, Medical Records; Claudette Johnson, administrative assistant, Chancellor's Office; and Linda Swantner, administrative assistant, Reprographics. Manager of Development and Training Rich Van Horn was one of the assessors.

"The program points out strengths and weaknesses," said Claudette Johnson. She mentioned an activity in which each participant had to demonstrate ability to perform certain tasks. Members of the group, along with the assessor, evaluated themselves and gave frank opinions of strong and weak areas.

Johnson said her idea to become a manager was realistically confirmed during the three-day program. She and other participants were required to submit a Mobility Action Plan (MAP), based on the information they gained, that would demonstrate what they needed to learn or improve in order to reach desired goals.

The program uniquely differs from past programs of its type, which, after identifying employees with management potential, have traditionally taken the initiative to develop and move them up within the organization. The M-MAP emphasizes career development, but makes the assessment, as well as the decision about moving into a middle management position, the property of the employee.

Dr. Storer, a pediatrician, visited Dublin Botanical Gardens in Ireland last year. Here in the garden she is with her two great loves: children and flowers.

Only Woman in Class of '13 Tells What It Was Like

"My own bailiwick was on the third floor; the lab was in the basement. I used to have to come down to register new patients on the first floor. . . . I was always running up and down the stairs.

"I was on call every night, and the food upset me; it was terrible, it really was terrible, greasy . . . I just couldn't handle it."

Dr. Ruth Risdon Storer, the only woman member of the Class of 1913, University of California School of Medicine, smiled as she reminisced about those days when she was a young intern in the Department of Pediatrics. She was not only the department's sole intern, but the first woman ever to hold the job.

The stairs she ran up and down were in Toland Hall, one of the three buff-colored brick buildings that housed the medical center at the time. They were set well back from Parnassus Avenue, close to Sutro Forest, where the medical students could gather wildflowers during their rare spells of free time.

"In my second six months of interning I was to have been in obstetrics," Storer said, "but Dr. Slemons, the head of the department, was very distressed because he said he couldn't see a woman being a doctor, going out on calls at night with only a nurse along. . . . We had no automobiles at the time. So, instead of interning for him, I stayed for another term in pediatrics. He was just overjoyed that I wasn't going to be his intern."

Storer practiced pediatrics in Davis and its Yolo County environs until relatively recently; she has been on the board of the Friends of the Arboretum since its inception on the Davis campus, and two years ago, on her 90th birthday, a special section of the Arboretum was set aside in her honor.

The occasion for these reminiscences was "Dr. Ruth Risdon Storer Garden Dedication" at the University of California at Davis, for many years the home of Storer and her husband, the late distinguished zoologist Tracy Storer, long a member of the UCD faculty.

The dedication and ground-breaking were on February 24, just one day before her 92nd birthday. More than 300 people were present, among them Dr. Charles T. Carman, dean of University Relations, Chancellor's Office.

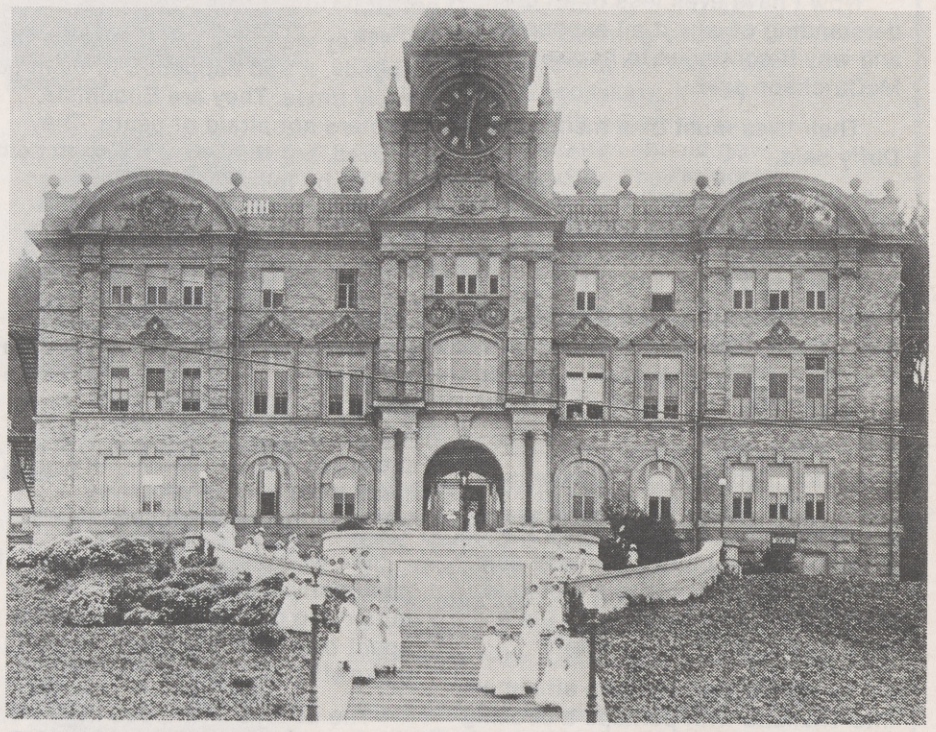
Storer smiled as she recalled an earlier function, a meeting of the Pediatrics Department at UCSF, at which she was an honored guest.

"When I arrived," she said, "a young woman came up to me in some surprise and said 'Oh, Dr. Storer, we thought maybe we'd have to have a wheelchair for you!' "

Far from it. This pioneer physician spends hours each day, weather permitting, tending the spacious garden behind her Davis home. Daffodils lead off the year's parade of blooms and then give way to hyacinths, foxgloves, hellebore, roses, Coreopsis, candytuft, daphne, lilac, Spirea, Johnny jump-up, sweet William, Ceanothus, California poppies, rosemary and lavender, and even more.

Storer is a bridge in time, so to speak, between today's sophisticated and scientific practice of medicine and the profession as she learned it so many years ago. It has been almost 70 years since the day in 1911 when she entered the medical school, then a 23-year-old graduate of the University of California at Berkeley, a country girl from Alturas who was "always going to be a doctor."

She learned soon, of course, that not all of society was ready for the woman doctor; Slemons, the head of OB, was a case in point. Her mother also opposed it — "She didn't think it was the job for a woman." But her father, Herbert T. Risdon, a Vermonter turned Californian and a physician himself, "a country doctor, the true type," let her ride with him as he made his calls in a horse-drawn wagon in remote Modoc County. In fact, her first medical experience was in folding the papers that contained the medicinal powders that her father ground up and mixed himself.



Toland Hall, 1913

Dr. Storer stands with some of the residents, nurses, and interns in the Class of 1913, in front of Selby Marx (last row, right, in dark suit).

When, in 1913, she scored the highest in her class in the state board examinations, a "very bright young man" classmate who came in second "was furious. . . . He was going to order a rereading."

But except for her classmate's ire over the state board results, Storer found no opposition from the seven males in '13.

"I can't feel that there was any resentment about my being the only woman," she said. "They never did anything to make me feel I wasn't welcome, that I couldn't do everything they did. . . ."

She did do everything they did, but it wasn't easy.

School hours were 8 a.m. to 5 p.m., every day but Wednesdays and Saturdays, when the students "supposedly" had the afternoons off. When this did occur, Storer said, "Our great stunt was to walk — to walk all the way out to the beach. . . ."

Herbert C. Moffitt was the head of medicine; Wallace Terry, of surgery; Howard Morrow, a skin specialist,

was there. The medical school was not then at its best, Storer said: "They didn't have the professors; we didn't have good people in obstetrics; certainly we had old-style pediatrics."

Then money was found to strengthen the faculty: "They brought Dr. [William Palmer] Lucas in pediatrics, John Slemons in OB. The other person who came that year was Saxton Pope, in surgery. There was great rejuvenation of the school."

These changes occurred when Storer had graduated and was interning in pediatrics. The rigors of interning under the celebrated Lucas ("He came from Boston and was used to a whole retinue, interns, residents, and so forth") were almost too much.

"I was his one assistant and lab technician as well. There were many forms to be filled out — how much formula was prescribed, and how much the child took, etc. The nurses were flabbergasted at the work involved, and so I took over making the charts — which meant much night work.

"Dr. Lucas didn't realize how hard I was working."

It was here that Storer referred to the food ("It was terrible") and to the stairs ("I was always running up and down").

She had mixed emotions when, after she finished her year of internship, "Dr. Lucas asked me to be the first resident in pediatrics at UC. I told him I didn't think I could do it. Instead, I accepted an invitation from Dr. Paroni [Romilda Paroni Meads, an earlier graduate of the medical school] to be an assistant physician for women on the Berkeley campus.

"When I saw Dr. Lucas some time later, he said, 'You made a mistake.' I said, 'Dr. Lucas, I would not be alive today if I'd accepted your offer.' "

Indeed it may have been that overwork contributed to a near-disaster later when she fell ill with tuberculosis, which was not an uncommon affliction in those days, especially among children and young adults.

She was working in Berkeley, at the University and also as organizer of the first children's clinic in the West Berkeley dispensary during World War I . . . "There were great demands made on us. The men doctors were gone . . . there were so many requests to teach first aid, home care of the sick.

"I was showing the members of one class how to do the fireman's lift — I raised a girl onto my shoulder and thought I'd never get her off, the pain was so great. I thought it was pleurisy, and went to the infirmary. I said, 'I think someone should listen to my chest.' "

In those days, rest and fresh air were the only treatments for TB. Many patients, including Storer, tried to live with it — "I was never very ill, but I never got better."

She and Tracy Storer, who had been a roomer in the Risdon family home when both were undergraduates at UC-Berkeley, had been married in 1917, and almost immediately he was sent into Army service along the Mexican border.

"In 1918, I was all ready to go to San Antonio to meet my husband and have a restful vacation," Storer said. "My trunk was packed.

"Dr. Herbert Evans was my physician. The day before I was to leave, Romilda came to me and said, 'I have been having a long conversation with Dr. Evans. He said he had tried his best to let you go to San Antonio, but didn't think you should. He asked me to tell you that he had reserved a room for you at Pettinger's.' "

This was a sanitarium in Monrovia. Storer went. She said, "I was in bed that whole summer." But the treatment worked.

Her husband was invited to join the Davis faculty in 1923, and she practiced as a pediatrician for many years, using the study of their home on A Street as her office. She also assisted in various ways at the Student Health Center on the Davis campus, work that increased as women began entering the University. Indeed, she was 80 years old before she no longer examined entering freshmen.

Storer also served as a child health specialist in clinics of the Yolo County Health Department. Only when she reached 75 did she give up her private practice, and she worked in the county clinics until just before her 80th birthday.

The well-baby clinics that Storer started many decades ago at Berkeley, Clarksburg, Broderick, Brite, West Sacramento, and Knights Landing are all still functioning.

For Storer, retirement does not mean idleness. She spends a great deal of time in her garden, doing much of the work herself. "Usually there is a high-school boy who helps me, but this year I haven't been able to find one. Youngsters don't have to work these days.

"The time just goes, so fast . . . I don't get my letters written."

— Jane Eshleman Conant

Dr. Charles Carman, dean, University Relations, attended the garden dedication in honor of Dr. Storer.

Dr. Ruth Risdon Storer, 92 years old.

NEWS BRIEFS

Health Hazard Appraisal Program Evaluated

Two hundred fifty employees participated in the Health Hazard Appraisal program (HHA), recently offered by the UCSF Office of Public Service Programs.

The appraisal provided information on the impact of one's life style and personal health history on health risks and longevity. Risk assessments for major causes of death by age, sex, and race are calculated by computer, which also estimates the average risk of dying over the next 10 years from the same causes.

UCSF employees served as a pilot group for the program to help evaluate its three phases: the questionnaire, screening session (including blood pressure and blood tests), and result session. One result of the evaluation will be to help the Office of Public Service Programs make necessary adjustments for future HHA's on campus, and to present the program to private industry after testing it at UCSF.

"We might need to make some adjustments in the program," said Tom Gwyn, director of Public Service Programs. As an example, he cited the alcohol consumption component, which, across the board, recommended reduction of intake for everyone who drank up to seven drinks a week. Many employees who received this recommendation complained that it was unwarranted.

"This could be a glass of wine a day," said Gwyn, "which isn't that uncommon, and may not present a problem for most people." But the example demonstrates a need for greater computer differentiation.

"This is still a fairly conservative document," Gwyn said of the risk print-out. "It doesn't include stress factors or occupational hazards." Until conclusive evidence is established on these effects on overall health, the HHA will continue its present assessment.

Gwyn says one of the desired outcomes of the HHA is to determine the need for risk reduction at UCSF, and to recommend programs on campus. He said 87 percent of the employees who evaluated the program responded favorably toward telling their coworkers about it.

Blood Donations Increase –Two Win Drawing

Dinner for two at Scott's Seafood Grill in San Francisco, a $30 value, was the prize won by David B. Helfant, consultant for Continuing Education in Health Sciences. The prize, donated by the Associated Students, UCSF, went to the donor whose name was drawn during the campus blood drive. Helfant's name was drawn at the February drive, which netted 254 pints, a 14 percent increase over October's drive, which netted 218 pints. Winner of the October drawing was Deborah Walker, graduate student in the School of Nursing.

New Portable Kidney

A portable artificial kidney is now available to patients at the UCSF Renal Center at SFGH. Called "continuous ambulatory peritoneal dialysis" (CAPD), the new procedure involves implanting a catheter or tube in the wall of the abdominal cavity to transfer cleansing fluid into the peritoneal membrane. The fluid mixes with toxics and after five hours is drained from the body into a plastic bag.

The new procedure involves a two-week stay in the hospital for the implant to heal, while the patient is trained in the home use of the CAPD method. This permits patients to be free from previously required six-hour sessions hooked up to a kidney machine. It costs one-third as much as treatment at a hospital or center-based program, according to Patricia Schoenfeld, medical director of the Renal Center, who is in charge of the new program.

First pioneered at the University of Texas at Dallas, the CAPD procedure eventually will accommodate between 20 and 25 patients at SFGH.

Campus Groups Receive Dollars For Service Projects

Nine campus organizations have received a total of $6,068 from the Personnel and Student Services office to conduct community service projects.

The organizations and their projects are: Asian Health Caucus, Chinatown Dental Education Project; Black Students Health Alliance, Black Health Education Day; Chicanos in Health Education, Health Science Student Conference; Family Medical Student Association, Parent Education Project; Health Education and Mobilization for Pilipinos, Pilipino Cultural Week; Nutrition Action Group, nutrition pamphlets; Project Concern, Tijuana Dental Clinic; Rho Pi Phi, Poison Prevention Project.

Awards to campus groups are granted on the basis of the proposed projects' educational or service-related value to a defined "community" or group of people.

MOVING IN & UP

Paul Kolsanoff

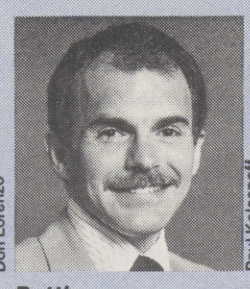
Harris

Don Lorenzo

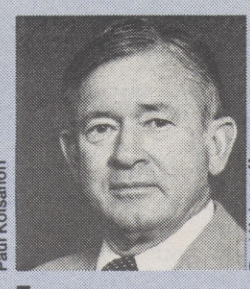
Holmes

Don Lorenzo

DiPesa


Paul Kolsanoff

Battles


Paul Kolsanoff

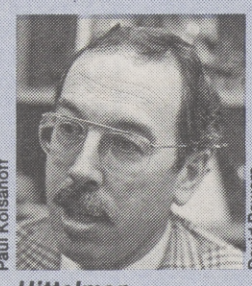
Teague

Don Lorenzo

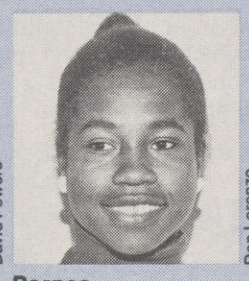
Wilkinson

Paul Kolsanoff

Bibb


David Powers

Hittelman


Don Lorenzo

Barnes

Vickie Harris has been appointed manager of the Mailing Division. Harris, a 1973 graduate in business management from the University of South Carolina, has been employed by the U.S. Postal Service in South Carolina and California. In her new position, she is responsible for the receipt, distribution, and dispatch of all campus-related mail. Harris welcomes suggestions for improving the mail service and may be reached at ext. 1124.

Emory H. Holmes, PhD, is the new director of Student Services. He comes from California State College of Dominguez Hills, where he was dean of Institutional Research and Organizational Development. At UCSF Holmes is responsible for the full range of campus student service functions, which include financial aid, veterans affairs, legal assistance clinic, Millberry Union, student health services, health sciences special services programs, student housing, and student government and activities.

Edward DiPesa has been appointed assistant to the director of Development, Office of Public Programs. DiPesa, formerly assistant gifts officer and assistant to the contracts and grants section of the Office of Extramural Support, brings seven years of experience in the area of private gifts and grants to his new position.

Rufus Battles, formerly employed in the Employee Relations Division of the Personnel Office, has been appointed assistant manager, Inpatient Billing and Follow-up, UCSF Hospitals and Clinics.

Jerry L. Teague is the new senior superintendent for Plant Services, Physical Plant Department. He is responsible for the management of shop facilities and 70 craftsmen and contractors. His many years of experience include design, construction, and facilities management. Before coming to UCSF he was the deputy director for design and construction for all army and air force installations in the western states.

Stephanie Wilkinson, formerly administrative assistant in the School of Nursing's Department of Nursing in Biological Dysfunction, has been promoted to administrative assistant II and now works in the Cancer Research Institute.

Betty J. Bibb is the new administrative assistant for the Dyslexia Research Project at Langley Porter Psychiatric Institute. Before coming to UCSF, she worked for the Department of Agriculture's National Park Service in Washington, D.C.

Karl J. Hittelman, PhD, has been appointed assistant vice chancellor, Academic Affairs. Hittelman was previously acting associate dean of Academic Affairs and associate professor of biochemistry at the University of Massachusetts Medical School. In 1976, while on sabbatical from Massachusetts, Hittelman was visiting associate professor of biochemistry in the UCSF Department of Neurology.

Adilah Barnes is the new assistant coordinator of Volunteer Services. She comes to UCSF from the Social Service Bureau of the East Bay, where she was volunteer coordinator for five creative living centers in four East Bay cities. In her new position she handles recruitment, interviewing, and assignment of volunteers, conducts orientation and training sessions, assists in establishing new programs, and handles the operational aspects of the office.

Thomas A. Rolinson has been appointed associate administrative vice chancellor, taking the place of Art Gillis. Prior to his appointment, Rolinson was associate dean for administration at the College of Medicine, UC-Irvine. In his new position he will coordinate campus planning, resource allocation, operating and capital budgets, and will have line responsibility for facilities development and construction programs.

Martin Camp, formerly acting director of the Computer Center, is now director of the center.

TRANSPORTATION

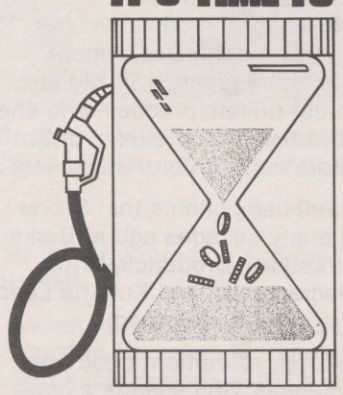
Four Win Prizes for Carpool Ideas

Four UCSF employees were winners of the recent carpool suggestion contest. Their winning ideas included the combination hourglass and gasoline pump logo shown here, a carpool match map, and a newsletter for carpoolers.

James M. Banish, project coordinator in the Office of Design and Construction, and designer of the logo, won a $40 gift certificate for the famous Mandarin Restaurant. Arlene Banks, a nurse in the Crisis Service at Langley Porter Psychiatric Institute, won a gift certificate from Macy's valued at $40 for her suggestion of a carpool map to match riders with one another. A map, based on her suggestion, is on display in the Medical Sciences lobby. Glen Doyle, lecturer, Family Health Care Nursing Department, School of Nursing, and Patricia Sheridan, senior supervisor of clinical laboratory technologists in the Department of Nuclear Medicine, who also suggested a match map, split a $40 Macy's gift certificate for their newsletter suggestion.

Paul Kolsanoff

CONSERVATION
MAKES GOOD CENTS
IT'S TIME TO



RIDE-SHARE

Winners of the carpool suggestion contest are (l-r) Arlene Banks, Patricia Sheridan, Glen Doyle, and James Banish. They are standing in front of the new ride-sharing map that was suggested by Banks, Doyle, and Sheridan. Above is the logo that Banish designed.

BENEFITS

How to Continue Coverage During Leave of Absence

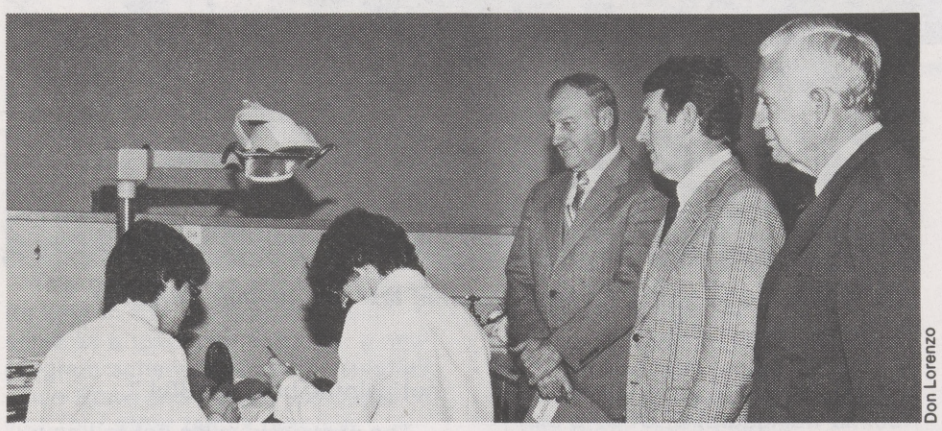
Group health and life insurance coverage can be continued during leaves of absence without pay if employees pay premiums directly to the campus Accounting Office. Keeping coverage while on LOA is optional, but whether it is maintained or not, there is no *automatic* reinstatement for payroll deduction when the employee returns to work.

In order to be reinstated, one must obtain a "Return from LOA" form from his or her departmental office and send it to Accounting Room AC-7. To be certain that the deduction has been made, check the next paycheck stub. If the insurance is not listed on the stub, there has been no deduction, and there is no coverage.

UCSF GAZETTE

SCHOOL OF DENTISTRY

Dental School Dedication Held; Student Enrollment to Increase



Don Lorenzo

Dean Pavone, Speaker of the Assembly Leo T. McCarthy, and Chancellor Sooy (l-r) observe dentistry students as they work in the new facilities.

Last month, after more than 15 years of planning and effort, the UCSF School of Dentistry dedicated its new building. The dedication ceremony marked the completion of most of the major construction and modernization at UCSF which was undertaken to ensure the quality of the School of Dentistry's education, patient care, and research programs.

In addition, two new outreach facilities in underserved areas — the UCSF Community Dental Clinics at 100 Buchanan Street and at San Francisco General Hospital — have been open to patients since last October.

Added to the new facilities was the completion in 1978 of eight new preclinical teaching laboratories and several research laboratories and faculty offices located in the renovated space on the fifth, sixth, and seventh floors of the Clinical Sciences and Medical Sciences buildings on campus. Still to be completed on these floors are new facilities for advanced dental education, a comprehensive dental care center for diagnosis and treatment of difficult and unusual cases, and space for several special programs such as oral cancer, pain control, and craniofacial anomalies.

Together, the new teaching laboratories, the community dental clinics, and the new School of Dentistry building have made it possible to increase the size of the entering class from 88 to 108 students, and to add training for all of the recognized dental specialties.

The School of Dentistry building is a handsome reinforced-concrete structure, with a ground floor and three stories, each stepped back from a landscaped terrace. It centralizes the predoctoral, clinical, and patient care programs, formerly spread over the campus, in an up-to-date, well-equipped facility, designed to provide thorough and intensive diagnosis and comprehensive high-quality treatment.

In the main teaching clinics, each third- and fourth-year student is assigned one of the 176 modern, well-equipped cubicles. The new building includes laboratories, classrooms and seminar rooms, faculty offices, service areas, storage space, and a special clinic for the handling of patient emergencies. A new computer-based clinic management information system and an electronic instructor call system — two unique innovations — also are provided.

A great deal of attention has been paid to making patients feel comfortable and relaxed. The interior features a different accent color on each floor, attractively decorated waiting areas, wheelchair ramps, plentiful elevators, and many other amenities. There are terraces and panoramic views from every patient care area.

Don Lorenzo

Mrs. Frances Pavone, Louise Unsoeld, Dental Hygiene graduate, and Dean Ben W. Pavone stand in front of the Pavone portrait located in the new School of Dentistry.

The new facilities will enable the School of Dentistry to expand into a wide spectrum of new research.

As the only dental school on the only health sciences campus in the University of California system, the UCSF School of Dentistry enjoys special opportunities for interaction and access to shared resources with the schools of Medicine, Nursing, and Pharmacy. The School of Dentistry also has developed a major continuing education program for practicing dentists, dental faculty, and other dental professionals.

New advanced specialty training programs, including public health, will be added to specialty and residency programs currently being offered, and the continuing education program will be expanded.

In addition to basic education, research, and service activities, the school provides a number of special patient care programs, including the nationally recognized Center for Craniofacial Anomalies, an interdisciplinary effort to conquer the disfiguring and disabling facial conditions caused by accidents and birth defects; the Oral Pathology Diagnostic Laboratory, which helps to detect early stages of cancer, thereby improving the patient's chance for cure; and the Oral Medicine Clinic, which evaluates and treats patients with head and neck problems and also deals with a variety of pathological and pain conditions too complex for routine office care.

Other important services are the Maxillofacial Rehabilitation Unit, which specializes in the treatment and rehabilitation of patients who require replacement by prosthetic appliances of tissue that has been sacrificed for cancer therapy; and the Temporomandibular Joint Unit, an interdisciplinary program for the study and treatment of dysfunctions of the joints of the jaw.

—Claire Leeds Wray

Anne Miller

Employees moving into new building.

Center for Craniofacial Anomalies at UCSF Nationally Famous

Mary Ann Pugh gets a new face

In a bicycle accident when she was seven, Mary Ann Pugh of Napa suffered a severe fracture of her right jaw bone. After that, the jaw failed to develop normally, leaving her with a lopsided face and a badly receding chin. Two years ago, a plastic surgeon introduced Pugh to the School of Dentistry's nationally famed Center for Craniofacial Anomalies. Today, at age 38, her appearance is completely normal.

The remarkable story of how this dramatic transformation was accomplished was told by Pugh and her orthodontist, Dr. Karin Vargervik, associate professor of dentistry, at the press preview for the recent dedication of the new School of Dentistry building.

Pugh is the wife of Russell Pugh, a U.S. Navy instructor at Mare Island. The mother of three young children, she has a real estate

(Continued on p. 10)

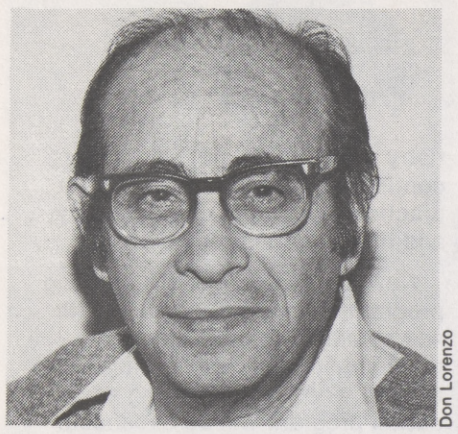
Mary Ann Pugh before treatment at the Center for Craniofacial Anomalies.

Don Lorenzo

Pugh and her orthodontist, Dr. Karin Vargervik. Her features are once again normal.

SCHOOL OF NURSING

Anselm Strauss Elected Fellow of AAAS



Don Lorenzo

Anselm Strauss, chairman of the Department of Social and Behavioral Sciences in the School of Nursing, has been elected Fellow of the American Association for the Advancement of Science. He was cited by the AAAS for "contributions to the understanding of chronic disease and the social rehabilitation of the ill."

Strauss, who has been on the UCSF faculty for the past 20 years, has authored and coauthored numerous books and articles on chronic illness and dying. The Department of Social and Behavioral Sciences, which he heads, has the distinction of being the only sociology department in a school of nursing in this country. UCSF's graduate program in sociology is in this department, which is internationally renowned for its work in medical sociology and is rapidly gaining a reputation for its work in gerontology.

Alumni Day on April 26 Features Discussion of Stress

"Dealing with Stress — Challenge of the '80s" is the educational feature at this year's School of Nursing Alumni Day on April 26. UCSF nursing school faculty members June Bailey, Ann Baldwin, Sue Steffen, and Patty Zindler-Wernet, all involved with the school's Stress Management Project, along with Duane Walker, director of nurses at Stanford University Hospital, will be the speakers. Their topics will include "The Nature of Stress," "Dealing with Burn-Out," and "Strategies for Dealing with Stress."

A luncheon and social hour will be held from 11:30 a.m. to 1 p.m. At the close of the day Dean Margretta Styles will host a wine and cheese social. Reservation information is available from the Alumni Office, 666-1471.

AUXILIARY/VOLUNTEERS

Volunteers of the Month Acknowledged

Volunteers of the Month are (l-r) Emma Kahn (December), Mickey Maguire (January), and Mary Kane (March).

Mary Ann Pugh

(Continued from p. 9)

license and is also trained as a psychiatric technician. Despite a full and happy life, she has always longed for a "new" face. Now she is very grateful to the Center for Craniofacial Anomalies, "because at last I can look in the mirror and like what I see." Her family is equally pleased.

Pugh's treatment was the responsibility of a multidisciplinary team headed by Dr. Egil P. Harvold, professor of dentistry and former director of the Center for Craniofacial Anomalies. It included a series of remarkable procedures including ones designed to stimulate the actual growth of a new extension of her damaged jaw bone.

First she wore a special appliance that trained the muscles of her face to accept a new jaw position. After about three months, a bone graft was performed, using a bone from her hip. This provided a temporary extension of her abnormal right jaw in preparation for the growth of the new jaw extension.

Special splints were then wired to her teeth to allow initial healing, to permit controlled movement of the jaws, and to control sensory input through the teeth to promote the growth of new tissue and also to prevent a relapse, or return of the abnormality.

While Pugh's jaw was regenerating itself, the grafted bone, no longer living tissue, gradually dissolved. After several months, she had a second operation to bring her upper jaw into conformity with her "new" lower jaw. The final phase of her treatment involved special orthodontic procedures to bring her teeth into correct alignment.

Exactly why human tissue regenerates itself under certain conditions is a biological mystery and a current research challenge for the Center for Craniofacial Anomalies. The procedures have nevertheless proved successful there time after time.

At least 60 such patients, most of them children with birth defects, are currently undergoing such procedures at UCSF to regenerate their jaw bones. The team responsible for their care includes orthodontists, surgeons, ENT specialists, speech therapists, and others. Much of this work has been made possible by the Charitable Foundation of the Native Sons of the Golden West, which has donated more than a quarter of a million dollars to the program since 1953.

—Claire Leeds Wray

HOSPITALS/CLINICS

First Nurse Midwives at UCSF Join OB-Gyn Faculty Group

Victoria Rouse

Jane Butler (l) and Nancy Kreinberg (center) talk with mother about her newborn baby.

Newborn son in arms, Linda Kooima walked out of UCSF's Moffitt Hospital on a recent brisk February day with joyful memories of a birthing experience that was "efficient, kind, loving, and peaceful." She credits two nurse midwives — the first at UCSF — for making it "a beautiful experience."

Somewhat in the shadow of the health care professions for years, nurse midwives are now taking their place in mainstream medicine by winning the admiration and respect of patients and professionals alike.

In January, Jane Butler and Nancy Kreinberg joined the Ob-Gyn Faculty Group Practice "because of growing consumer demand for the thorough, personalized services of these experts in normal obstetrics," according to Russell Laros, Jr., professor and vice chairman of the Department of Obstetrics, Gynecology and Reproductive Sciences at UCSF. Ninety-five percent of all pregnancies in the U.S. are normal and low-risk.

Linda Kooima tells what she found special about the nurse midwives: "They were waiting for me when I arrived. Jane coached my breathing and stayed with me throughout my entire labor. They experienced it with me, and made it not painful, but beautiful."

The nurse midwives get to know their patients very well because they provide prenatal and postnatal care, as well as labor and delivery services. "We try to get rid of all the unknowns about pregnancy," says Butler. They discuss various methods of childbirth, and make sure women understand the physiology of pregnancy and its nutritional requirements.

Nurse midwives are RN's with one to two years' additional specialized training in obstetrics. They always work with a physician close at hand, in case a problem should arise.

Kreinberg, fluent in Spanish, received her master's degree in maternal and child health, along with certification as a nurse midwife, from St. Louis University in 1979. To accept this job, she returned to San Francisco where, several years ago, she was an Ob-Gyn nurse practitioner at the Mission Neighborhood Health Center.

Butler completed the nurse midwifery program at San Francisco General Hospital in December 1979. She was a labor and delivery nurse in various cities for ten years before becoming a nurse midwife.

— Matthew Krieger

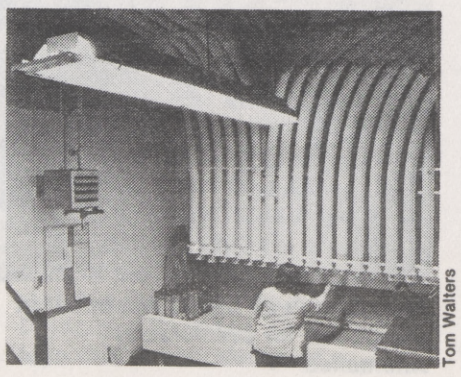
Willielean Gray Wins Award

Don Lorenzo

Willielean Gray, drapery maker with Laundry and Linen Services, has received the Employee of the Month Award from the St. Francis Yacht Club.

Gray, who works in the evenings as a security guard for American Patrol Service, received the award from the yacht club, an APS client, which was somewhat unusual since she is not a yacht club employee. The club's newsletter, however, stated, "Willie actually works for APS, however, we regard her almost as one of our own employees because of the way she conducts herself. . . . She takes a real interest in the Club."

A year and a half ago, Gray received the University Service Award for displaying the same dedication to her work at UCSF.



Tom Walters

Do you know where this is?

This photo, which appeared in the last issue of the UCSF Journal, is of the tube room, located in the basement of Moffitt Hospital.

Campus location: upward view of the Ambulatory Care Center as seen from its plaza.

SFGH

Family Health Center a Place Where People Like to Come

The Family Health Center, located in one of the old red brick buildings of the SFGH Medical Center complex, is a relaxed and friendly place, where inner-city families like to come for care.

The staff dresses casually — no one wears a white uniform — and everyone is on a first-name basis. Interpreters are available to help the many non-English-speaking patients.

In this setting, which is the training base for the UCSF Family Practice Residency program in the city, a new team approach to primary care has been introduced by two experienced UCSF faculty members. They are Stanley Padilla, MD, a family physician, and Nan Bowe, RN, a family nurse practitioner who also is a certified nurse midwife.

Don Lorenzo

Dr. Padilla looks on as Nan Bowe examines a patient.

This collaborative effort — first of its kind in San Francisco — will serve as a teaching model for a new program scheduled to begin this fall, when Bowe and Padilla will supervise four other family practice teams, each consisting of a second- or third-year family practice resident, paired with a second-year family practice nursing student from the UCSF School of Nursing graduate division.

Bowe and Padilla are assigned full-time to SFGH. He is an assistant clinical professor in the Family Practice Residency program and the director of the Family Health Center, which is operated by the SFGH Division of Outpatient and Community Services. Formerly, he was on the faculty of the Family Nurse Practitioner program at UC-Davis.

Nan Bowe has been associated with SFGH since 1976, when she was on the faculty and staff of its Nurse Midwifery Service. After that, she served as a family nurse practitioner in a variety of settings, including private practice with Padilla in the Mission neighborhood.

Both are committed to providing quality health care for urban families. "Although health care is a right of all people, inner-city residents often do not share equally in this right," says Padilla.

Currently, they conduct their model joint practice two days a week in the Family Health Center, where the family unit is the focus of all services. They share a caseload that includes 94 individual patients in 74 families. Although many ethnic backgrounds are represented, the majority of their patients are Latino or black. Most are residents of the Mission neighborhood.

Sometimes Bowe and Padilla examine and counsel the same patient at the same time, and sometimes each works individually with a patient. After every clinic session they exchange patient charts for review, and once a week they meet to review their patients' progress and discuss future plans.

They provide a wide range of health services, including general health maintenance, as well as prenatal care, uncomplicated obstetrical delivery in the Alternative Birth Center, family counseling, and acute and chronic illness management. Home visits are an important part of their service.

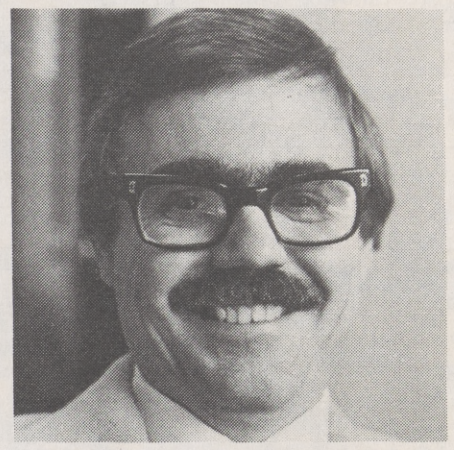
Bowe and Padilla are pleased with the results of their model practice. "We find that our combination of skills, as well as our own ethnic and cultural backgrounds, really helps to make our patients feel comfortable and at ease," said Bowe.

On the days when they aren't seeing patients in the Family Health Center, Padilla is busy with teaching and administrative work, and Bowe follows patients being treated in various SFGH specialty clinics and teaches at the School of Nursing. In the spring quarter, she will be supervising UCSF urban family nurse practitioner students, who will be performing basic physical assessments at SFGH.

— Claire Leeds Wray

State funding for the Team Training Program for Family Nurse Practitioners and Family Practice Physicians, described in this article, is under the Song-Brown Family Physician Act. Although funding of the program at SFGH has been assured for the academic year 1980-81, passage of Prop. 9 on the June ballot could jeopardize its future, according to Ed Smeloff, associate administrator of the Song-Brown Family Physician Training Program. This would mean a 30 percent cutback of funds for the team training programs, and the elimination of the linkage between these programs and underserved communities.

Geoffrey Lang Appointed



Geoffrey N. Lang has been appointed executive administrator, SFGH, following a nationwide search. Lang, 38, has been on the administrative staff of the Harborview Medical Center, Seattle, Washington, since 1969 and has served as its associate administrator since 1971.

William B. Kerr, director of Hospitals and Clinics, will continue to serve as acting executive administrator at SFGH until Lang arrives in May.

SCHOOL OF MEDICINE

Health Ed Program Focuses on Sickle Cell Disease

Don Lorenzo

Jerry Quintana and Peggy Wedlow discuss summer camp plans for youth who have sickle cell disease.

One of the first things you sense when you meet Peggy Wedlow is fervent energy. It's not just the rapid-fire talking, nonrepetitive and full of content — there's the excitement in her gestures that is confirmed by her eyes.

Wedlow, a public health registered nurse and graduate of the UCSF School of Nursing, is director of the Student National Medical Association Health Education Program. Her office is in Suite B, 801 Lincoln Way, at Ninth Avenue. The SNMA-HEP program is a component of the Northern California Comprehensive Sickle Cell Center, directed by William C. Mentzer, associate professor of pediatrics and laboratory medicine. The SNMA-HEP is supported through the UCSF Department of Medicine by a five-year grant from the Genetic Disease Branch of the National Institutes of Health.

"The SNMA-HEP is not new," says Wedlow. "We've been around since 1973." At that time Wedlow was a student here who volunteered in the program through the SNMA, which is comprised largely of black health science students. She became assistant director of HEP in 1974 and director in 1976.

HEP provides annual summer student stipends in amounts ranging from $1,000 to $1,500 for sickle cell disease research. The HEP program also conducts an extensive community education program, as well as symposia. One of its most notable programs is a yearly sickle cell summer camp, which this year will sponsor 80 children and teenagers who have the disease. HEP has a tutorial program and career education training projects for teens and young adults who have sickle cell disease, a media component, and a study in progress on the attitudes of black women toward abortion as it relates to genetic disorders.

"Our budget is low," says Wedlow. "I am the only full-time employee in charge of all of these programs." Administrative Assistant Jerry Quintana works with Wedlow.

A glance at part of a week's activities sheds light on why the high energy that Wedlow possesses is a necessity for the job:

Monday morning — a presentation to a biology class at Alameda College on diseases common to black people;

Monday afternoon — a meeting with an East Bay producer to discuss videotaping activities at the sickle cell summer camp;

Monday, early evening — meeting with a marketing consultant at Clorox Corporation to discuss fund-raising ideas for the summer camp;

Tuesday morning — meeting with a social worker at the East Bay Children's Hospital to develop psychosocial programs for the camp, as well as psychosocial segments of community education programs;

Tuesday noon — an operations committee meeting of members of the Northern California Comprehensive Sickle Cell Center;

Tuesday evening — meeting in Belmont with the social concerns committee of a local church on health issues and screening programs;

Wednesday morning — meeting with a representative from IBM to discuss a keypunch training program for teenagers and young adults who have sickle cell disease.

And the schedule goes on.

The summer camp and youth job training program are very special to Wedlow.

"There is a widely held belief, in the black community especially, that people who have sickle cell disease don't need to prepare themselves for careers," she said. But according to her, nothing could be further from the truth. With proper treatment, says Wedlow, most people with sickle cell disease can lead nearly normal lives, and should have rewarding careers just as other people do. A program coordinated through the YMCA places young people, mostly teenagers, in the Y's day care centers, where they learn some of the basic tenets of early childhood education. These trainees provide counseling for the younger children at the summer camp, based on their training. Flex time, to accommodate certain episodes of their disease, is built into the training program.

On May 18, a benefit fashion show — Designer of the Year Project — will be held at the Hyatt Regency to help support the training program.

The week-long summer camp in Gualala, located in Sonoma County, is staffed by about 30 adults — hematologists, nurses, social workers, and counselors from the Bay Area.

All of the typical camping activities are available — hikes, swimming, canoeing, archery — and some special ones, such as silk-screening, bread-making, and carpentry. This year, the second year of the camp ("It was a huge success for the first time," says Wedlow), a special feature will be the incorporation of new therapeutic activities as part of the recreation, and the use of video for the participants as well as for educational purposes.

Wedlow says she's still making these plans final and, as she talks about them, you sense that a lot of young people with sickle cell disease are lucky to have a person like Peggy Wedlow "in charge of all of these programs."

— Jini Kilgore Robinson

Campus Safety

Safety Shuttle Service Begins

A new Night Security Shuttle Service to increase safe travel for UCSF faculty, staff, and students was begun on April 1.

The shuttle, managed by the campus Police Department, provides continuous service every 20 minutes from Moffitt Hospital Circle to the following points: Millberry Union garage, designated public transit stops, parked cars, and homes within the boundaries of Clarendon, Stanyan, Lincoln Way, and Ninth Avenue.

The shuttle vehicle is clearly marked, and the driver wears a uniform.

Operating hours are 7 p.m. to 2 a.m., seven nights a week. The first six weeks of operation will be a period of evaluation to help assure maximum effectiveness.

All comments and questions should be directed to Lt. John Anderson, ext. 1414.

Safety Committee

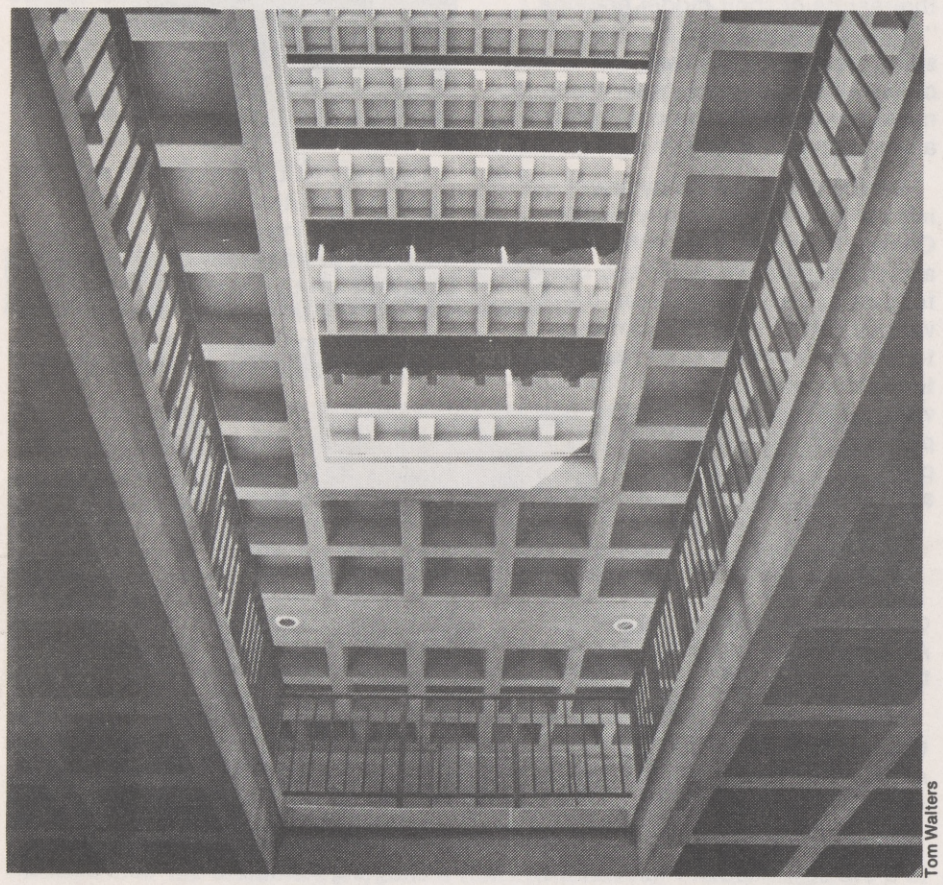
A new Campus Committee on Personal Safety, part of the Rape Prevention Program at UCSF, has been instituted with Dr. Miriam Gould, of Student Health Services, as chairperson.

The committee's task is to make recommendations for the improvement of safety for all persons, but particularly for women, at UCSF.

It is part of an ongoing Rape Prevention Program coordinated by Amy Levine. For further information call ext. 5683.

The UCSF Police Department has requested that anyone who seems suspicious be reported to them immediately at ext. 1414.

Do you know where this is?



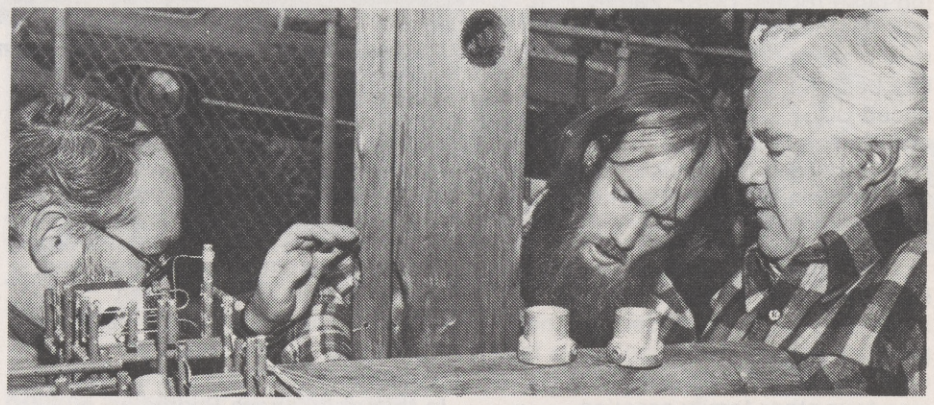
Tom Walters

Can you identify this campus location? Look for the answer on page 10.

Child Care Center Parents Donate Time, Raise Funds

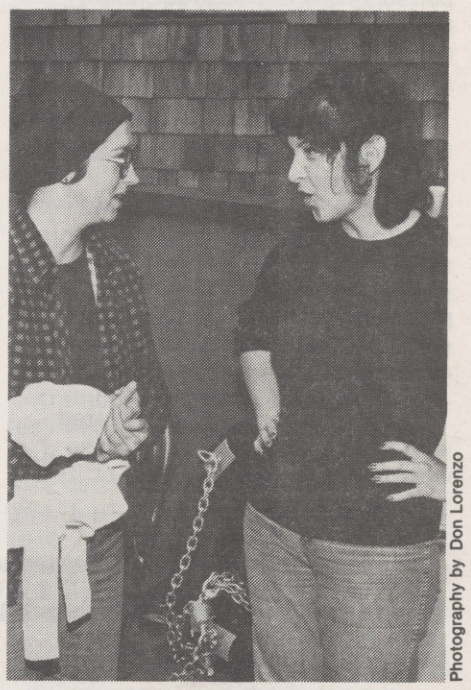
Parents of children enrolled in the UCSF Child Care Center have participated in a number of volunteer and fund-raising projects to support the center. Late last year they donated a weekend of hard labor to build heavy outdoor play equipment for the children. Most recently, the parents' fund-raising committee sponsored a benefit Sadie Hawkins dance, featuring KSFO disk jockey Tommy Saunders as master of ceremonies and the lively music of the Street Life Band.

Approximately 75 people attended the dance, held in the social hall at St. John of God Church. Door prizes included a dozen red roses, a black and white television set with a certificate for repairs worth $100, and many gift certificates from neighborhood stores. The parents raised $450, which will be used to purchase more equipment for the center. Donations of labor — carpentry, electrical work, plumbing — and lumber are still needed.



Jim Prentice, Richard Johnstone, and Jim Aldridge (l-r) helped build the playground equipment.

Dr. Ione Railton (l), president of the School of Medicine Alumni Faculty Association, and Dr. Miriam Gould, director of Student Health Services, worked together to raise funds for playground equipment.



Photography by Don Lorenzo

Child Care Center Director Meryl Glass (l) and Anita Pool, assistant to the vice chancellor, Personnel and Student Services, were on hand for the weekend playground work session.

BULLETIN BOARD

A commuter pool program for employees who are San Francisco residents has been initiated by UCSF Parking Operations. New (1979) Ford Fairmonts from the campus pool fleet, equipped with power steering and air conditioning, are available to users who commute from areas where public transportation is unavailable or inconvenient. An $18 monthly fee covers the membership cost. This advantageous program saves individuals gas, oil, maintenance, and insurance costs, and eliminates parking fees and the search for parking spaces. To apply, contact Charles Alexander, ext. 2566 or 4077, or visit the Parking Operations Office on the H Level of MU Garage between 7:30 a.m. and 5 p.m.

Childbirth education films in color, designed to serve as aids to discussion of childbirth and care in clinics serving black and Spanish-speaking clients, are now available on both 16-millimeter color film or videotape cassettes. The three ten-minute programs were produced by the UCSF Bilingual Media Project at SFGH. They can also be used as educational tools for health professionals. Each film features actual hospital and clinic staff members, patients, and their families. For more information contact Video Graph, 2833 25th Street, San Francisco, CA 94110, or call 283-6001.

A second-year medical resident, attempting to establish a journal library, is seeking back issues of medical journals. He will pay 35¢ per issue for *JAMA* prior to April 1978, and 50¢ per issue for the following journals: *Annals of Internal Medicine* (1970–77), *American Journal of Medicine* (1970–June 1979), *New England Journal of Medicine* (1970–74), *Archives of Internal Medicine* (1975–79), and *Western Journal of Medicine* (1970–77). Call John Pierce, MD, at 752-1400 (days) or 387-1833 (nights).

Women whose husbands have died within the past year are invited to participate in a research project at Langley Porter Psychiatric Institute's Center for the Study of Neuroses. The project, under the direction of Mardi Horowitz, aims to find ways to provide better mental health services to bereaved women. Short-term psychotherapy in individual and group sessions will be offered. The sessions will be videotaped. For more information contact Janice Krupnick, ext. 7-510.

The San Francisco School Volunteers Program is in need of people to work with students. Two special projects — the Core Project and the Community Resource Service — are the framework of the volunteer effort. The volunteer's abilities and interests are carefully matched to teacher and student needs in the Core Project, where one-to-one tutoring in math, reading, science, language, as well as in special programs, is in need of volunteer assistance. Volunteers for the Community Resource Service visit schools occasionally to share with students their special ethnic, cultural, or career experiences. Through this program students can see the relevance of their school curriculum to actual functioning in society. If you're interested in becoming a volunteer, call 864-4223 or 864-4225. If you are already a volunteer, or have been a volunteer, our Office of Public Service Programs would like to know about you. Call ext. 3206.

The University of California Bay Area Regional Poison Center, located at San Francisco General Hospital, has increased its visibility by producing a T-shirt. The shirt, available in several sizes and colors for adults and children, is a fund-raiser for the Poison Center. It sells for $10, the profits of which help the center provide continuous information, treatment, and referral services, as well as educational activities. The T-shirt features Officer Ugg, the geometric face with hands crossed over the mouth that is the center's trademark. Contact Barbara Wilson to order T-shirts at ext. 1225.

Lee Scarpulla is a licensed barber who is available to give **haircuts and shaves to patients.** A haircut is $5; shave, $4. Call him at 584-8939 or leave a message at 584-2903.

A new **Parkinson's Disease Center** has opened on the eighth floor of the Ambulatory Care Center. The center provides diagnosis, as well as consultation, for patients suffering from Parkinson's Disease. The center is also an information and referral clinic for patients, their families, and the community.